

Application to Suspend the Filing of Employer's Quarterly Contribution Reports

DUA Employer Number:

Date:

Name:

(617) 626-5050

Address:

Fax #: (617) 727-8221

To assist employers in filing quarterly contribution reports, DUA sends pre-printed contribution reports to all employers on our active file. If you no longer have employees in covered employment in Massachusetts, complete this form in all details and return to the above address within ten days. If your application is not approved, you will be notified.

If your application is approved, DUA will stop sending quarterly contribution reports, but you will continue to be subject to the Massachusetts Unemployment Insurance Law and are required to notify this agency immediately whenever you employ one or more individuals either full or part time.

Office Use Only	
A/O _____	Determined By _____
Reason # _____	

- Ⓐ Enter the last day on which any individual in employment subject to the Massachusetts Unemployment Insurance Law (MGL C. 151A) was paid wages by you, whether employed full or part time. (Officers of corporations are considered employees if compensated.) _____
month/day/year

- Ⓑ This business was sold or transferred: ☐ in whole ☐ in part on: _____ to: _____
month/day/year

Name: _____ DUA Employer # _____ FEIN: _____

Address: _____

PLEASE NOTE: THE SUCCESSOR EMPLOYER MUST FILE AN EMPLOYER'S STATUS REPORT (DUA Form 1110) WITHIN 120 DAYS OF TAKING OVER A BUSINESS. TO OBTAIN A FORM, PLEASE CALL (617) 626-5050. THIS FORM CAN ALSO BE DOWNLOADED AT <http://www.detma.org/revforms.htm>

- Ⓒ Reason for filing this application: ☐ Change of ownership ☐ (3) Business permanently discontinued
☐ (4) Operating without employees ☐ (5) No employees in covered employment ☐ (6) No employees in Massachusetts
☐ (7) Bankruptcies, Assignments ☐ (10) Other: _____ ☐ (11)

- Ⓓ Do you expect to pay wages in the future? ☐ Yes ☐ No

- Ⓔ Payroll records will be maintained by: _____, at the following address: _____

I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief. THIS STATEMENT IS MADE UNDER THE PENALTIES OF PERJURY.

Name of Employer: _____ By: _____

Telephone Number _____ Date: _____